

11/27/01
31044 U.S. PTO

11-30-01

A/Reissue

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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	10970214-2
First Named Inventor	Suggs
Original Patent Number	6,009,214
Original Patent Issue Date (Month/Day/Year)	Dec. 28, 1999
Express Mail Label No.	EL795268638US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☒ Power of Attorney
- Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - ☐ Computer Readable Form (CFR)
 - Specification Sequence Listing on:
 - ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender
 - ☒ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

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Registration No. (Attorney/Agent)

34,046

Signature

A W Winfield

Date

11/26/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 10970214-2		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate Fee		Other than a Small Entity Rate Fee		
(A) 20 (C) 3	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 20 (D) 3	**** 0 = * 0 =	x \$ _____ = x \$ _____ =		or x \$ 18 = x \$ 84 =	0 0	
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 740.00	
Total Filing Fee \$ _____						OR	\$ 740.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate Fee		Other than a Small Entity Rate Fee	
Total Claims (37 CFR 1.16(i))	*** 114	MINUS	** 20	* = 94	x \$ _____ =		x \$ 18 =	1692.00
Independent Claims (37 CFR 1.16(i))	*** 14	MINUS	***** 3	= 11	x \$ _____ =		x \$ 84 =	924.00
Total Additional Fee \$ _____						OR	\$ 2616.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>08-2025</u> in the amount of <u>\$2616.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-2025</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>11/26/01</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p><u>Augustus W. Winfield</u> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Augustus W. Winfield</u> Typed or printed name</p> </div> </div>								

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HP Docket No. 10970214-2

S/N: n/a

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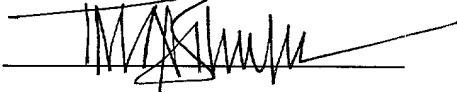
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I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

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A handwritten signature in black ink, appearing to read 'Tara A. Schulze', is written over a horizontal line.

Typed Name: Tara A. Schulze

10970214-2
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11/27/01
Tara A. Schulze
Assistant Commissioner for Patents
Washington, D.C. 20231